

YOUR PRIVILEGE LICENSE  
EXPIRES ON \_\_\_\_\_

CITY OF

**RIDGELAND, MISSISSIPPI**

**PRIVILEGE LICENSE APPLICATION**

THIS APPLICATION REQUIRED BY LAW  
FORM MUST BE COMPLETED & ALL  
QUESTIONS ANSWERED

FOR USE BY TAX COLLECTOR	
NEW _____	RENEWAL _____
CODE SEC. _____	
DATE PAID _____	
LICENSE NO. _____	
NEXT DATE DUE _____	

LICENSE MUST BE RENEWED AND PAYMENT RECEIVED BY THE LAST DAY OF THE MONTH TO AVOID PENALTY.

**Business**

Name



\_\_\_\_\_

**Mailing**



\_\_\_\_\_

**Address**

PLEASE INDICATE TYPE OF BUSINESS

- \* WHOLESALE \_\_\_\_\_ SELLING \_\_\_\_\_ CORPORATION \_\_\_\_\_
- RETAIL \_\_\_\_\_ MANUFACTURING \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_
- SERVICE \_\_\_\_\_ LLC \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

\* WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS IN THE CITY \_\_\_\_\_

\* KIND OF BUSINESS (PLEASE BE SPECIFIC) \_\_\_\_\_

\* STATE SALES TAX ID NUMBER FOR MADISON COUNTY ← **All businesses selling a product must provide a State Sales Tax ID Number for Madison County.**

DO YOU OWN OR OPERATE ANY TYPE OF AMUSEMENT MACHINES? \_\_\_\_\_ VENDING MACHINES? \_\_\_\_\_  
ONLY ONE CATEGORY BELOW WILL APPLY TO YOUR BUSINESS.

APPLICANT MUST FILL IN THIS AREA	
<b>(Individual Completing Form)</b>	
* APPLICANT NAME	_____
<b>(Physical Address of Business)</b>	
* BUSINESS LOCATION	_____
* TELEPHONE NUMBER	_____
* LIST ALL PARTNERS	_____

\* SS# \_\_\_\_\_

\* or EIN - - - - -

**WHOLESALE AND RETAIL STORES ONLY**

1. ASSESSED VALUE OF INVENTORY (TO THE NEAREST DOLLAR.) \_\_\_\_\_  
(USE SCHEDULE A ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE WRITE AMOUNT IN BLOCK 1)

1. \_\_\_\_\_

**SERVICE/BUSINESSES OTHER THAN WHOLESALE - RETAIL STORES ONLY**

2. TOTAL NUMBER OF FULL-TIME EMPLOYEES FOR THE PAST TWELVE (12) MONTHS \_\_\_\_\_  
(NOTE: The term "employee" means full-time employees and, with respect to a professional firm or clinic, also includes all partners; however, such term excludes seasonal employees. The term "full-time" means at least thirty (30) hours per seven day week.)  
FEE FOR SERVICE / BUSINESSES OTHER THAN WHOLESALE - RETAIL STORES  
(USE SCHEDULE B TO DETERMINE AMOUNT OF FEE, WRITE AMOUNT IN BLOCK 2)

2. \_\_\_\_\_

**MANUFACTURERS ONLY**

3. MANUFACTURERS FEE \_\_\_\_\_  
(USE SCHEDULE C TO DETERMINE AMOUNT OF FEE, WRITE IN BLOCK 3)

3. \_\_\_\_\_

4. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 3) \_\_\_\_\_

4. \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**\* SIGNATURE MUST BE NOTARIZED \***

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for said county and state, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, within my jurisdiction, the above and within named \_\_\_\_\_, who acknowledged that he/she executed the above foregoing instrument.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

APPLICATION MUST BE ACCOMPANIED BY REMITTANCE PAYABLE TO **CITY OF RIDGELAND**. IF PAYMENT MADE BY MAIL, ADDRESS TO PRIVILEGE LICENSE, CITY OF RIDGELAND, P.O. BOX 217, RIDGELAND, MS 39158. **FOR ADDITIONAL INFORMATION, WRITE OR PHONE 601-856-7113.**

License issued for one year, with certain exceptions, dates from first day of month of issue, expires on LAST DAY of month covered, and must be renewed during following month; that is same month of original issue, if for one year. **MAILING PAYMENT ON THE LAST DAY OF MONTH IS NOT SUFFICIENT**, but must be received in time for license to be issued within the month due.

**SCHEDULE A - INVENTORY ASSESSMENT TABLE**

IF YOU ARE A WHOLESALE OR RETAIL STORE DEALING IN THE SALE OF GOODS, WARES AND/OR MERCHANDISE:

Assessed value is determined as it appears on the personal property assessment rolls. If you are a new business, add estimated assessed value inventory in No. 1 on front page of application, (estimated assessed value will be 15% of estimated true value).

Then determine the amount of tax you owe by applying assessed value of your inventory to schedule listed below.

<u>ASSESSED VALUE OF INVENTORY</u>	<u>PAY THIS AMOUNT</u>
\$0 - \$7,000 .....	\$20.00
\$7,001 - \$10,000 .....	\$25.00
\$10,001 - \$12,000 .....	\$32.50
\$12,001 - \$15,000 .....	\$40.00
\$15,001 - \$20,000 .....	\$50.00
\$20,001 - \$25,000 .....	\$62.50
\$25,001 - \$30,000 .....	\$75.00
\$30,001 - \$40,000 .....	\$92.50
\$40,001 - \$50,000 .....	\$150.00
\$50,001 - \$60,000 .....	\$200.00
\$60,001 - \$70,000 .....	\$250.00
\$70,001 - \$80,000 .....	\$300.00
\$80,001 - \$90,000 .....	\$340.00
\$90,001 - \$100,000 .....	\$380.00
\$100,001 - \$125,000 .....	\$440.00
\$125,001 - \$150,000 .....	\$560.00
\$150,001 - \$175,000 .....	\$680.00
\$175,001 - \$200,000 .....	\$800.00
\$200,001 - \$225,000 .....	\$920.00
\$225,001 - \$250,000 .....	\$1,040.00
\$250,001 - \$300,000 .....	\$1,200.00
\$300,001 - \$350,000 .....	\$1,360.00
\$350,001 - \$400,000 .....	\$1,520.00
\$400,001 - \$450,000 .....	\$1,680.00
\$450,001 and over .....	\$1,840.00

**SCHEDULE B - SERVICE/BUSINESSES OTHER THAN WHOLESALE - RETAIL STORES**

TOTAL NUMBER OF FULL-TIME EMPLOYEES	FEE
0 - 3	\$20.00
4 - 10	\$30.00
OVER 10	\$3.00 PER EMPLOYEE, NOT TO EXCEED \$150.00

**SCHEDULING C - MANUFACTURERS**

TOTAL NUMBER OF FULL-TIME EMPLOYEES	FEE
0 - 3	\$20.00
4 - 10	\$30.00
OVER 10	\$80.00